

Official Report



Division of Forensic Sciences
Georgia Bureau of Investigation
State of Georgia

Headquarters
DOFS Case #: 2019-1026348
Report Date: 05/04/2020

Cleveland Miles
Deputy Director

* NAME Accredited *



Requested Service: Autopsy

Agency: Henry Co. Coroner
Agency Ref#:
Requested by: J. Miller

Case Individuals:

Victim: Fernando Rodriguez

Evidence:

On 09/23/2019, the laboratory received the following evidence from the Henry Co. Coroner.
2019-1026348-001 DECEDENT

Results and Conclusions:

Evidence Submission: 001

REASON FOR PERFORMING AN EXAMINATION:

The decedent was involved in an altercation with law enforcement personnel. Tasers were used on him and then he was physically restrained. While restrained, he became unresponsive. He was taken to a local hospital. He was later transferred to Grady Memorial Hospital and pronounced dead three days later. Under the provisions of the Georgia Death Investigation Act, a postmortem examination is performed.

DATE, TIME, AND PLACE OF EXAMINATION:

An autopsy is performed on Fernando Rodriguez in the morgue of the Georgia Bureau of Investigation in Decatur, Georgia on 9/24/2019, commencing at 0830 hours. The attending forensic pathologist for this case is Steven P. Atkinson, MD.

PRESENTATION, CLOTHING, AND PERSONAL EFFECTS:

The body is received in the supine position in a white body bag. The tag on the bag is labeled "Fernando Rodriguez, Henry County." The body is clad only in a hospital gown. No personal effects or jewelry accompany this body.

DIAGNOSTIC AND THERAPEUTIC DEVICES AND MARKINGS:

1. An endotracheal tube enters the mouth and is secured to the head with Velcro straps.
2. An orogastric tube enters the mouth.
3. A triple lumen catheter enters the right subclavian region.
4. A triple lumen catheter enters the right inguinal region.
5. A Foley catheter enters the urethra.
6. A tube enters the rectum and is connected to a bag with a trace amount of liquid brown stool.
7. A peripheral IV enters the dorsal surface of the right hand.

POSTMORTEM IMAGING STUDIES:

A single full-body Lodox image is initially taken and demonstrates no foreign radiopaque metallic objects.

POSTMORTEM CHANGES:

Rigor mortis is generalized and fully developed. Postmortem lividity is posteriorly distributed and blanches with pressure. The corneas show early film formation. The mucous membranes of the mouth are moist. The body is well preserved.

FEATURES OF IDENTIFICATION:

The body is unembalmed and that of an adult Hispanic male, appearing consistent with the reported age of 24 years, measuring 73 inches in length, and weighing 316 pounds. The head hair is dark brown, straight, and measures up to 2 inches in length. A scant amount of brown facial hair is present on the upper lip and chin. The irides are brown. The teeth are natural and in an average state of repair. There are no readily apparent tattoos identified. The left hand has an absence of two digits which is described below.

EXTERNAL EXAMINATION:

The head is normocephalic and injuries are described below. Fractures are not palpated over the calvarium, facial bones, or mandible. The nose is free of injury. The lips are markedly swollen and injuries of the lips are described below. The teeth appear free of injury. The ears are normally formed, in their proper positions, and free of injury.

The larynx and trachea are palpated in the midline of the neck. No cervical adenopathy is present. The neck is not crepitant or excessively mobile.

Injuries of the torso are described below. No rib fractures are palpated. The abdomen is mildly protuberant with adipose tissue. The penis has a short foreskin. Marked bloating is present within the penis and scrotum. Two testes are descended bilaterally into the scrotum. The spine is straight and the injuries of the back are described below. The anorectal area is unremarkable.

Injuries of the upper extremities are described below. Fractures are not evident by inspection or manipulation. Five fingers are on the right hand and the fingernails are trimmed to an average length. The left hand has a thumb and two similarly sized fingers. There is scarring between these two digits at the metacarpophalangeal joint. It is unknown if this represents a congenital anomaly or remote healed trauma. There is a healing linear scar of the volar aspect of the left wrist measuring 2 ½ inches in length.

The lower extremities are symmetrical and injuries are described below. Fractures are not evident by inspection or manipulation. Marked lower extremity edema is present. Five toes are on each foot and the toenails are trimmed to an average length. There is a cutaneous ulcer on the plantar surface of the right great toe measuring ½ x ½ inches.

EVIDENCE OF ACUTE INJURY:

Head:

There is patchy hemorrhage throughout the bulbar and palpebral conjunctivae bilaterally.

There is an abrasion on the left side of the forehead measuring 1 ½ x ½ inches. There is an abrasion on the chin measuring 1 x ¾ inches.

There is a contusion on the lower lip measuring 1 x ½ inches. When the lower lip is reflected, there is extensive hemorrhage on the inner surface of the lower lip covering an area measuring 2 x 1 inches.

Torso:

There are superficial abrasions overlying the sternum measuring 3 x 2 inches.

There are scattered abrasions with bullae on the right side of the back covering an area measuring 9 x 6 inches.

An apparent healing taser probe injury is located on the anterolateral left abdomen centered 28 inches from the top of the head and 9 inches left of the anterior midline of the body. This healing injury measures $\frac{1}{4} \times \frac{1}{4}$ inches. It does have a surrounding contusion measuring 6 x 3 inches.

The skin of the back is reflected. There is soft tissue hemorrhage of the posterior left shoulder area covering an area measuring 7 x 7 cm. There is soft tissue hemorrhage of the left side of the back measuring 10 x 8 cm. These areas involve both adipose tissue and skeletal muscle.

Left Arm:

There are contusions on the medial left upper arm extending to the elbow covering an area measuring 9 x 6 inches. Portions of this contusion also have the pattern of a blood pressure cuff. There are multiple cutaneous bullae of the left arm. There is a bulla with contusion on the volar aspect of the left arm near the wrist measuring 1 $\frac{1}{2}$ x 1 inches.

The skin of the posterior left arm is reflected. There is soft tissue hemorrhage of the left elbow area extending into the left forearm. The soft tissue hemorrhage involving the left elbow and forearm predominantly involves the adipose tissue and covers an area measuring 17 x 12 cm.

Right Arm:

There are multiple contusions on the volar aspect of the right forearm extending from the elbow to the wrist covering an area measuring 12 x 6 inches. There are multiple cutaneous bullae in this area. There is an abrasion on the posterior surface of the right elbow measuring 3 x 2 inches.

The skin of the right arm is reflected. There is soft tissue hemorrhage of the right forearm. The right forearm soft tissue hemorrhage predominantly involves the adipose tissue and covers an area measuring 15 x 10 cm.

Left Leg:

There is an abrasion on the anterior left knee measuring 2 x 2 inches. There are abrasions on the dorsal surface of the left foot covering an area measuring 2 x 1 inches.

An apparent healing taser probe injury is on the anterolateral left thigh centered 37 inches from the top of the head and 9 inches left of the anterior midline of the body. This injury consists of granulation tissue and measures $\frac{1}{4} \times \frac{1}{4}$ inches. It does have surrounding contusion measuring 5 x 3 inches.

The skin of the posterior left leg is reflected. There is a soft tissue hemorrhage predominantly involving the adipose tissue of the posterior left knee covering an area measuring 6 x 6 cm.

Right Leg:

There are scattered abrasions on the anterior right knee covering an area measuring 4 x 4 inches. There are scattered abrasions and contusions on the dorsal surface of the right foot covering an area measuring 4 x 2 inches.

There are some contusions with abrasions on the right posterolateral thigh covering an area measuring 5 x 4 inches.

An apparent healing taser probe injury is located on the anterolateral right thigh centered 38 inches from the top of the head and 10 inches right of the anterior midline of the body. This injury has granulation tissue and measures $\frac{1}{4} \times \frac{1}{4}$ inches. There is surrounding contusion covering an area measuring 3 x 2 inches.

The skin of the posterior right leg is reflected. There are no significant soft tissue injuries.

INTERNAL EXAMINATION:

The skin of the chest and abdomen is reflected using the usual Y-shaped incision. The subcutaneous fat and musculature of the anterior torso is free of injury. The sternum and chest plate are intact and upon their removal, there are approximately 700 mL of pink-tan fluid present within the right pleural cavity and approximately 700 mL of pink-tan fluid within the left pleural cavity. Examination of the organs *in situ* shows normal organ relationships. The diaphragm is normal and shows no defects.

Upon removal of the organs using the Virchow technique, the following findings are observed:

Cardiovascular System:

The heart weighs 560 grams. The left ventricle shows concentric hypertrophy with a wall thickness of 1.9 cm. The interventricular septum measures 1.9 cm in thickness. The coronary arteries are normally distributed and have patchy mild to moderate atherosclerosis. The epicardium, valve leaflets, chordae tendineae, and endocardium appear normally formed. There are scattered hemorrhages throughout the epicardial fat. The myocardium is red-tan throughout. No focal myocardial lesions are identified. The thoracoabdominal aorta and its major branches are normally distributed without atherosclerosis.

Respiratory System:

The trachea is grossly normal. The hilar structures are normal and free of injury. The major vessels are normally distributed and free of gross abnormalities. The lungs are normally formed and lobated. The right lung weighs 1000 grams. The left lung weighs 920 grams. The pleural surfaces are smooth. Sectioning through each lung reveals homogeneous, markedly congested red-tan parenchyma. There is no evidence of pneumonia, thromboembolism, or neoplasm.

Gastrointestinal System:

The esophagus is lined by an unremarkable tan-gray mucosa. The lining of the stomach is normally rugated. The stomach contains approximately 10 mL of partially digested tan-brown contents. The small intestine, colon, and rectum are palpably unremarkable. An appendix is in the right lower quadrant of the abdomen.

Hepatobiliary System:

The liver weighs 2360 grams. The capsule is smooth and glistening. The parenchyma is tan-brown and uniform throughout. The cut surfaces are unremarkable. No focal intrahepatic lesions are identified. The gallbladder is distended and contains approximately 60 mL of viscous green bile without stones. The pancreas is of normal size with the usual lobular architecture.

Urogenital System:

The kidneys are grossly symmetrical. The right kidney weighs 180 grams. The left kidney weighs 200 grams. The capsules strip with ease revealing smooth cortical surfaces. The cut surfaces are tan-brown. The pyramids, calyces, pelves, and vessels are unremarkable. The ureters are of normal caliber. The urinary bladder is normal and no urine is present. The prostate is of normal size and has an unremarkable tan cut surface. The testes are of normal size and free of masses. Focal hemorrhage is present in the testes, bilaterally.

Reticuloendothelial System:

The spleen weighs 160 grams. The capsule is intact and of normal thickness. The cut surface is dark red-brown. The red and white pulp are normally distributed. No focal lesions are seen. No lymphadenopathy is identified.

Musculoskeletal System:

The axial skeleton is free of fracture. Soft tissue of the injuries of the back and extremities have been described previously. The uninjured skeletal muscles are grossly unremarkable.

Endocrine System:

The thyroid gland is symmetrical and normal in size. It is composed of homogeneous parenchyma without evidence of nodules, hemorrhage, or cysts. The adrenal glands are grossly unremarkable.

Neck:

The skin of the neck is dissected up to the angle of the mandible. There is no evidence of trauma to the soft tissues, major airway, or vital structures in the neck. There is no airway mucosal edema. The hyoid bone and laryngeal cartilages are free of fracture. The epiglottis is not inflamed or swollen. No foreign objects are in the airway. The carotid vessels are pliable and patent. The anterior cervical spine and atlanto-occipital joint are stable to manipulation.

Head:

The scalp is reflected with the standard intermastoidal incision. There is no indication of scalp trauma. The calvarium is intact. The dura is intact and free of discoloration and thickening. The base of the skull is examined after stripping the dura and is intact. The leptomeninges are thin and transparent. There is no evidence of epidural, subdural, or subarachnoid hemorrhage. The brain weight is 1540 grams. The gyri and sulci are of normal distribution and development. No brain swelling is seen. The circle of Willis is intact and free of atherosclerosis and aneurysm. The cerebellum and brainstem are normally formed. No focal or mass lesions are seen on the cut brain surfaces.

MICROSCOPIC DESCRIPTION:

Fifteen (15) hematoxylin and eosin slides are examined.

Cardiovascular: There is patchy mild to moderate atherosclerosis in the cross sections of the coronary arteries. The myocardium has no significant pathologic change. There is hemorrhage within the epicardial fat.

Pulmonary: The lungs are congested.

Testes: There is hemorrhage within the testes.

Soft tissue: There is hemorrhage within the skeletal muscles from sections taken from the back and left forearm.

Skin: Sections of skin are taken from the right thigh, left thigh, and abdomen. The skin shows denuded epidermis with hemorrhage in the underlying subcutaneous adipose tissue. These are consistent with healing taser probe injuries.

The remaining sections of liver, spleen, kidneys, thyroid, prostate, and brain have no significant pathologic change.

OTHER PROCEDURES:

1. Peripheral blood, central blood, bile, gastric contents, liver, and vitreous are submitted for toxicologic testing.
2. A second tube of vitreous is submitted for electrolyte testing. (Results: chloride 107 mEq/L, creatinine 1.2 mg/dL, glucose <10 mg/dL, potassium >10.0 mEq/L, sodium 142 mEq/L, and urea nitrogen 8 mg/dL.)

3. A dried blood spot card is obtained.
4. Documentary and identification photographs are obtained.
5. Routine tissue sections are processed to slides in 15 cassettes.
6. Small samples of all major organs are retained.
7. The examined organs are returned to the body cavity.
8. Postmortem fingerprints are submitted as evidence.
9. Plucked head hair is submitted as evidence.
10. Medical records are reviewed.

SUMMARY OF FINDINGS:

- I. Asphyxia:
 - A. Circumstances of cardiopulmonary arrest during restraint in the prone position with compression of the chest.
 - B. Resuscitation with 3-day hospitalization before being pronounced dead.
 - C. Bilateral patchy conjunctival hemorrhage.
- II. Blunt trauma of the head, torso, and extremities:
 - A. Abrasions and contusions of face.
 - B. Abrasions of torso.
 - C. Contusions of upper extremities.
 - D. Abrasions of lower extremities.
 - E. Soft tissue hemorrhage of back, upper extremities, and lower extremities.
- III. Toxicology, admission blood:
 - A. Positive, lysergic acid diethylamide (LSD), 1.0 ng/mL (testing performed at NMS Labs, Horsham, PA).
 - B. Negative for ethanol.
 - C. Negative comprehensive drug screen.
- IV. Status post taser use during altercation:
 - A. Healing taser probe injuries identified on abdomen, left thigh, and right thigh.
- V. Hypertensive and atherosclerotic cardiovascular disease:
 - A. Cardiomegaly; heart weight is 560 grams.
 - B. Left ventricular hypertrophy.
 - C. Coronary artery disease.
- VI. Bilateral pleural fusions and anasarca consistent with hospitalization.
- VII. Vitreous electrolytes not contributory to death.

COMMENT / OPINION:

This 24-year-old Hispanic male died as a result of asphyxia due to physical restraint in the prone position with compression of the chest. Another significant condition contributing to his death was lysergic acid diethylamide (LSD) use. He was involved in a physical altercation with law enforcement personnel. During this altercation, handcuffs were placed around his wrists and leg shackles were placed around his ankles. He was then placed in the prone position with his arms above his head. One officer stood on the handcuffs and a second officer stood on the leg shackles restraining him. A third officer then placed his knee on the decedent's back applying pressure to his chest. During this time, the decedent stopped breathing and became pulseless. The decedent was subsequently resuscitated and hospitalized for 3 days before being pronounced dead. Based on the information known at this time, the manner of death is classified as homicide.

CAUSE OF DEATH:

Asphyxia due to physical restraint in prone position with compression of chest.

OTHER SIGNIFICANT CONDITIONS:

Lysergic acid diethylamide (LSD) use.

MANNER OF DEATH:

Homicide [physical altercation with law enforcement].

Only those items discussed in the results above were analyzed for this report. The above represents the interpretations/opinions of the undersigned analyst. Unless noted above, evidence analyzed in this report will be returned to the submitting agency. Biological evidence (body fluids and tissues) and proof determination evidence will be destroyed after one year. This report may not be reproduced except in full without written permission of the laboratory.

Technical notes and data supporting the conclusions and findings in this report are maintained within the laboratory case records.

This case may contain evidence that must be preserved in accordance with O.C.G.A. § 17-5-56.

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Related Agencies:

Flint Judicial Circuit
GBI-Medical Examiner-HQ DOFS
Henry Co. Police Department
GBI-Reg. 10-Conyers
Henry Co. District Attorney

ACN: ATKINSON

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End of Official Report